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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL     DelBene for Congress |                            |                                       | 7                       |   |  |
|--|----------------------------|---------------------------------------|-------------------------|---|--|
| ADDRESS (number and street) PO Box 487             |                            |                                       |                         |   |  |
| CITY, STATE, and ZIP CODE                          |                            |                                       | -                       |   |  |
| Bothell  | WA 98                      | 041                                   |                         |   |  |
| 2. NAME OF CANDIDATE Suzan DelBene                 |                            | 3. OFFICE SOUGHT (State and District) |                         | 4. FEC IDENTIFICATION NUMBER  |  |
|  | House                      | WA 01                                 | C00459099               |   |  |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING   | YES, IT AMENDS TH          | YES, IT AMENDS THE NOTICE FILED ON    |                         | ·   |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer           | Name of Employer                      |                         | Amount  |  |
| BUSINESS SOFTWARE ALLIANCE PAC                     |                            |                                       |                         |   |  |
| 1150 18th St NW                                    |                            |                                       | 07/18/2014              | 1000.00   |  |
| Ste 700  | Transaction ID : (         | Transaction ID : C10399692            |                         |   |  |
|  | Occupation                 | Occupation                            |                         |   |  |
|  |                            |                                       | Date (month,            |   |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer           | Name of Employer                      |                         | Amount  |  |
| CELGENE CORPORATION PAC                            |                            |                                       | 07/17/2014              | 1000.00   |  |
| 86 Morris Ave                                      |                            |                                       | 07/17/2014              | 1000.00   |  |
|  | Transaction ID : 0         | Transaction ID : C10397093            |                         |   |  |
| Summit NJ 07901-391                                | Occupation<br>5            |                                       |                         |   |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer           |                                       | Date (month,            | Amount  |  |
| Ronald L Sher                                      | Sher Partners              |                                       | day, year)              |   |  |
| 40E00 NE OIL OI                                    |                            |                                       | 07/17/2014              | 1600.00   |  |
| 10500 NE 8th St                                    | Transaction ID : C10397088 |                                       |                         |   |  |
| Ste 850  | Occupation                 |                                       |                         |   |  |
| Bellevue WA 98004-435                              | 2 Investor                 | Investor                              |                         |   |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer           |                                       | Date (month, day, year) | Amount  |  |
|  |                            |                                       |                         |   |  |
|  |                            |                                       |                         |   |  |
|  |                            |                                       |                         |   |  |
|  | Occupation                 | Occupation                            |                         |   |  |
|  |                            |                                       | Date (month,            | Amount  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer           | Name of Employer                      |                         | Amount  |  |
|  |                            |                                       |                         |   |  |
|  |                            |                                       |                         |   |  |
|  |                            |                                       |                         |   |  |
|  | Occupation                 | Occupation                            |                         |   |  |
| SIGNATURE (optional)                               |                            | DATE                                  | For further in          | nformation contact:   |  |
| Philip Lloyd                                       | [Electronically Filed      | [Electronically Filed]                |                         | Federal Election Commission<br>999 E Street, NW, Washington, DC 20463 |  |
|  |                            |                                       |                         | 9530, Local 202-694-1100  |  |

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